

88 10

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County Greenlee
District Greenlee
Town Duncan
Or City

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 103

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 13

Local Registrar's No. 1

No. _____ St. _____
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Santiago Lara

PERSONAL AND STATISTICAL PARTICULARS

SEX Boy Color or Race White SINGLE MARRIED
Indian Black Chinese WIDOWED
Mexican OR DIVORCED

DATE OF BIRTH November 15 1914
(Month) (Day) (Year)

AGE 1 yrs. 2 mos. 8 days If less than 1 day _____
hrs., or _____ min.

OCCUPATION
(a) Trade, profession or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed or (employer) _____

BIRTHPLACE (State or country) Moreno, Ariz.

NAME OF FATHER Thomas Lara

BIRTHPLACE OF FATHER (State or country) Mexico

MAIDEN NAME OF MOTHER Altagracia Sautabal

BIRTHPLACE OF MOTHER (State or country) Mexico

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas Lara

(Address) _____

PLACE OF BURIAL OR REMOVAL Duncan Cemetery

DATE OF BURIAL OR REMOVAL Jan 23 1916

ADDRESS _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22 1916
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Jan 16 1916 to Jan 22 1916; that I last saw him alive on Jan 22 1916, and that death occurred on the date stated above at 8:30 P.M. The DISEASE or INJURY causing

Death was as follows: Broncho Pneumonia

(Duration) _____ yrs. _____ mos. 3 days

Was disease contracted in Arizona? Yes

If not, where? _____

CONTRIBUTORY Measles

(Duration) _____ yrs. _____ mos. 8 days

(Signed) J. H. Bryant, M.D. (Address) Moreno

In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE _____

At place of death _____ yrs. _____ mos. _____ ds. In Arizona 1 yrs. 6 mos. 8 ds.

Former or Usual Residence _____

Filed Jan 23 1916 John Evans Local Registrar

Filed FEB 8 1916 L. W. Butch County Registrar